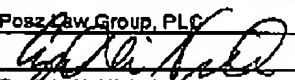


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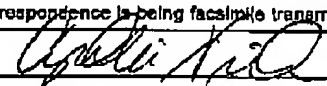
TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/692,793
		Filing Date	10/27/2003
		First Named Inventor	Lee
		Art Unit	2176
		Examiner Name	Quoc A. TRAN
Total Number of Pages in This Submission	11	Attorney Docket Number	113708.129

ENCLOSURES <small>(Check all that apply)</small>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): (1) Pre-Appeal Brief Request for Review Form (1 page) (2) Pre-Appeal Brief Request for Review (8 pages) (3) Form PTO-2038 Credit Card Payment
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Posz Law Group, PLLC
Signature	
Printed name	Cynthia K. Nicholson
Date	23 July 2008
Reg. No.	36,880

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO (571.273.8300) on the date shown below.	
Signature	
Typed or printed name	Cynthia K. Nicholson
Date	23 July 2008

JUL 23 2008

FEE TRANSMITTAL

FEE TRANSMITTAL		Application Number	10/692,793
		Filing Date	10/27/2003
		First Named Inventor	Lee
		Examiner Name	Quoc A. TRAN
<input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit	2176
TOTAL AMOUNT OF PAYMENT (\$)		780	Attorney Docket No. 113708.129

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number 50-1147 Deposit Account Name Posz Law Group, PLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	210	105
Multiple dependent claims	370	185

Total Claims Extra Claims Fee (\$) Fees Paid (\$) Multiple Dependent Claims Fee (\$) Fees Paid (\$)

- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fees Paid (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(g).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fees Paid (\$)

- 100 = / 50 = (round up to a whole number) x =


4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Notice of Appeal Fee (small entity) - charge to Credit Card on Form PTO-2098 255.00

Other: Petition for Extension of Time, Three months (small entity) - charge to Deposit Account 525.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,880	Telephone (703) 707-9110
Name (Print/Type)	Cynthia K. Nicholson	Date	23 July 2008